

hygiene in all of our high schools and advanced institutions of learning, the proper education of our youth by parents, as to the great dangers of venereal diseases, together with higher moral standards, encouraged and sustained by public opinion, are the forces which will gradually banish prostitution and every form of licentiousness from our midst.

As practical experiences with recorded facts are of especial interest and value, I desire to supplement this paper with a brief history of several months' work in the so-called "tenderloin district" of Fresno. Two rooms were fitted up, having good light, one of which was used for examinations, with all necessary apparatus, table, sterilizer, etc. Examinations were made semi-monthly, on the first and fifteenth of each month, with intervening examinations of any new girl coming to the city. Something like 1,000 examinations were made during this period. A careful inspection was made of the vulva, vagina and cervix-uteri in every case, and the mouths of all French and other prostitutes suspected of practicing unnatural methods. The general appearance, complexion and skin were carefully scrutinized. I commenced this work, confidently expecting to find some cases of syphilis and more of chancroid, but to my great surprise, not a single case was encountered during the entire period. This was not due to any carelessness on my part, for I was looking most diligently for these diseases. This, to my mind, proves what many authorities have recently claimed, namely, that syphilis in relation to gonorrhea in frequency is as 1 to 100, that syphilis and chancroid are more often found among the low and filthy and clandestine prostitutes.

Thus I conclude, and my experience would prove that the above-named diseases are more frequently found among the unwashed, unclean and of easy virtue, in sections other than the so-called "tenderloin districts."

From this experience I have drawn the following conclusions:

(1) That there are some public prostitutes who are absolutely free from all specific infection, and healthful to a marked degree; therefore, the notion prevailing that all are diseased, or have had gonorrhea at some period in their lives, does not hold good.

(2) That many prostitutes are found to have pus in the urethra, cervix-uteri and vagina, in which no gonococci are to be found, and therefore non-specific.

(3) That gonococci are frequently found in the vagina and cervix-uteri, the general appearance of which would excite no suspicion that gonorrhea had ever existed; such are cases of chronic gonorrhea.

(4) That gonorrhea may obtain in the urethra, vagina and cervix-uteri of prostitutes for a long time, yet in no measure involve the body of the uterus, tubes or ovaries.

(5) That when we find a stringy, tenacious, muco-purulent discharge exuding from the cervix of a prostitute, with a tendency to bleed with slight

irritation then we may confidently expect to find the true "coccus of Neisser."

(6) That when gonorrhea once infects the cervix uteri and invades the deeper structures and lymphatics, it will be found one of the most persistent and destructive conditions with which we have to deal, and seldom anything less than the removal of the entire uterus and adnexa will avail.

(7) That most, if not all, of those cases of acute urethritis which yield so readily to treatment—reported cured in a week or less—are non-specific, and caused by pathogenic bacteria, or other than the true coccus of Neisser.

(8) That chancroid and true syphilis are not so prevalent as generally thought and are to be found especially among the low, filthy and intemperate and clandestine prostitutes, who either have no knowledge of, or regard for, sexual hygiene.

THE PHYSICIAN'S RESPONSIBILITY FOR THE NOSTRUM EVIL.*

By RICHARD C. CABOT, M. D., Boston.

As physicians we are largely responsible for the sale of secret remedies. We help to create the demand. We feed it.

We feed it because it is shown that 44 per cent. of the prescriptions filled at one of the best of our Back Bay drug stores in Boston call for nostrums—secret remedies of whose constituents we are ignorant.

The conditions are the same or worse elsewhere. The manufacturers and those whose living depends on the sale of these nostrums, have done their best to obscure the issue by villifying the leaders of the present vigorous crusade against secret nostrums; I mean Dr. Simmons and Dr. Billings. The nostrum makers and a group of medical journals which are their organs, try to deceive us into believing that the great crusade for honest, open, intelligent prescribing and against fraud and ignorance in therapeutics, is all the work of those splendid leaders, Dr. Simmons and Dr. Billings. The truth is that almost every man of mark in the medical profession of the United States has put himself on record within the last year as being in entire accord with the policy of *The Journal* of the American Medical Association, and with the quite unanswerable arguments brought forward in this section by Dr. Billings a year ago. The leaders of medicine throughout the country are in accord on this matter and it is time for the rest of us lesser lights to stand up and be counted too. Any one who attacks Dr. Simmons and Dr. Billings attacks every one of the leading men in American medicine to-day. We, their followers, should stand ready to be hit, too, by every missile thrown at them, for the intelligence of the profession is solidly on the side of *The Journal* in this matter.

The issue is simply between light and darkness—between ignorance and knowledge. A man should know what he is prescribing and not your down his

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patients' throats mixtures of whose ingredients and action he is ignorant. It is not a question of where these nostrums are advertised, or whether or not they are patented, or whether the Pharmacopeia contains or excludes them. The whole question for us is: Shall we be false to the confidence which our patients place in us? Shall we, who should safeguard their interests with the keenest watchfulness, desert our post and permit, nay advise them, to use medicine whose composition is wholly guesswork to us, though our patients trust us to investigate and to understand it?

I do not see how any honorable man can see two sides to this question. Suppose an investor went to his financial adviser for counsel on investments and was recommended to buy a certain stock. Suppose the investor to ask "What is the property? Is it manufacturing stock, railroad stock, mines, municipal enterprises?" Would he not be angry and indignant if his expert adviser should answer: "I don't know what it is. A promoter gave me some and said it was good, but I know nothing about it save what he told me." A pretty sort of adviser this! False to his trust, surely; but we are far worse than that, for the financial adviser was dealing only with his client's property, while we deal with his life. They juggle with his dollars—we with his vital organs.

I believe there are not many in this audience who are not guilty—as I am guilty—of the sin of having used remedies—some of them dangerous—without knowing what they contained. I have used amonol, before our Council on Pharmacy and Chemistry showed it up. I supposed (ignorantly, culpably) that it was a synthetic chemical compound, instead of an acetanilid mixture. I am ashamed of it. I shall try to do better, and never again to advise a powerful poison without knowing it, or an inert drug while supposing it, on hearsay evidence, to possess power. But that is just what is advised in 44 per cent. of the prescriptions filled in our Back Bay drug stores. If the public realized this it would be justly angry at our indolence and faithlessness in the high position of trust.

But, I believe that we not only feed the public demand for useless and harmful drugs, but also go far to create that very demand.

Babes are not born with a desire to take a drug for every symptom—they acquire this desire. Who teaches them? You and I do. We educate our patients and their friends to believe that every or almost every symptom and disease can be benefited by a drug. Some ignorant practitioners believe this, and we can not blame them, though we deplore the results of their indiscriminate drugging. But in my experience the educated physician who knows that only a few of his patients can be much benefited by drugs, gives out just as many prescriptions as the ignorant physician who believes all that the Pharmacopeia and the nostrum vendor tell him. The only difference is that the educated physician gives his drugs as placebos. In my opinion, the placebo habit does more harm than the habit of giving drugs to every patient with full faith in their pharmacologic action. But of this I shall say more in a

moment. Here what I want to insist on is that so long as the chief visible, tangible, gustable result of a physician's visits is a row of medicine bottles, just so long will the patient tend to try to eliminate the middle man (the doctor) and buy the drugs himself, "patent" or pharmacopeil as the case may be.

If the result of the physician's visits were a reform in the patient's diet, a lengthening of his hours of sleep, better habits in bathing, ventilation and exercise, and a sleeping balcony, no patient would be such a fool as to think he could get these results out of a bottle of "patent medicine" or a box of headache powders; but when the net result of the doctor's expensive visits is medicine bottles, the patient learns his lesson, clings to his bottle, and eliminates the expensive visits. Result: \$75,000,000 a year for secret remedies.

Placebos have another bad result. They weaken the confidence of the patient in the physician, because every placebo is a lie, and in the long run the lie is found out. We give a placebo with one meaning; the patient receives it with quite another. We mean him to suppose that the drug acts directly on his body, not through his mind by means of expectant attention. If the patient finds out what we are doing he laughs at it or is rightly angry with us. I have seen both the laughter and the anger—at our expense. Placebo giving is quackery. It also fosters the nostrum evil.

The "patent medicine" and nostrum industry will be seriously crippled when we do two things:

- (a) Stop advising secret remedies which may be poisonous or inert.
- (b) Stop fooling our patients with placebos.

The positive side of all this negative advice I have tried to explain in another paper.

BANTI'S DISEASE.

W. L. Bierring and E. Egdahl, Iowa City, Iowa (Journal A. M. A., October 13), report a case of Banti's disease in which splenectomy was performed and discuss the blood findings. The notable facts are summarized as follows: 1. Before the operation the blood condition was that of the secondary type of anemia, low percentage of hemoglobin and leucopenia. 2. After splenectomy there was a slight fall in red cells, then a rise, a leucocytosis at its maximum twelve days after the operation and characterized by a relative increase in the mononuclear leucocytes, especially the large mononuclears. 3. The absence of myelocytes and the scarcity of nucleated reds, both before and after splenectomy. Discussing these findings in connection with those of others in this disease, the authors remark as to the significance of these blood changes, in hypertrophy of the spleen from any cause, that a decrease in hemoglobin, in erythrocytes, and in many cases also in the white corpuscles, is very likely to follow. How this leucopenia occurs is hard to explain with our present ideas of the hematopoietic function of the spleen, while the cause of the general secondary anemia with splenic hyperplasia is as yet hypothetical. The good results from splenectomy in both splenic anemia and Banti's disease seem to favor the view that the spleen is in some way responsible for the poor blood conditions. The lymphocytosis after splenectomy must be regarded as an effort at